

STATE OF ALABAMA REAL ESTATE APPRAISERS BOARD

FEDERALLY REGULATED APPRAISAL MANAGEMENT COMPANY REGISTRATION

Instructions:

- This application must be typed, completed in full and mailed with the original signatures to the above address.
- The non-refundable application fee of \$1,500.00 plus your ASC National Registry Fee is payable by business, cashier or certified check to the Alabama Real Estate Appraisers Board. All other forms of payment will be returned.

t. (Company's Legal Name:					
2.	Name under which Company	will do business in Alaban	na:			
3.	Main Address of Company—	Street Address				County
		City	S	tate		Zip
		Mailing Address	City	State	Zip	
	_	Telephone	F	ax		Website
4.	Principal Contact:Name	e	Title		Email	
5.	AMC Type (choose one):	Single State (panel of more than 15 appraisers) Multi- State (panel of 25 or more appraisers in two or more States)				
6.	Employer Identification Numl	ber or Social Security Nur	nber:			

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 REPORTING YEAR AND ASC NA Annual ASC National Registry Fee 		ays before expiration of curr	ent registration:			
Beginning Date of Reporting Year:		Ending Date of Reporting Year:				
Number of AMC Appraiser wh performed an appraisal for t connection with a covered transacti Alabama during the reporting year (transaction means any consumer of transaction secured by the co principal dwelling)	he AMC in on in Covered redit	X \$25.00 = \$	This is your National Registry Fee due			
National Registry Fee Alabama Application Fee Total Fee Due	\$1 500.00					
Certification The undersigned, in making the application to the Alabama Real Estate Appraisers Board for registration as an Appraisal Management Company under the provisions of Article 2 of the Alabama Real Estate Appraisers and						
Appraisal Management Company Act, swears (or affirms) that he (or she) has been designated by the Appraisal Management Company to make this application on their behalf and that all information is provided in connection with this application, including certificates and attachments, is true to the best of his (or her) knowledge and belief.						
SIGNATURE OF APPLICANT:		Date:				

Printed Name: _______Title: ______

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